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# Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10648	
Facility Name:	Barstow	Community Hospital
Address:	555 Sou	th 7th Ave.
City:	Barstow	
Hospital Owner/Lie	censee:	City of Barstow/Hospital of Barstow, Inc.
Year of Re	porting:	2010
Contact 1 e-mail A	ddress:	
Contact 2 e-mail A	ddress:	
Contact 3 e-mail Ad	ddress::	
Name of Su	bmitter:	Michael K. Stewart
Submissio	on Date:	1/13/2011 8:46:33 AN

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Hospital	555 South 7th Ave.	Replace	SPC5	01/01/2013	12/01/2012
02	Patient Wing/Perinatal	555 South 7th Ave.	Replace	SPC5	01/01/2013	12/01/2012
03	Boiler Building	555 South 7th Ave.	Replace	SPC5	01/01/2013	12/01/2012
04	Emergency Generator Building	555 South 7th Ave.	Replace	SPC5	01/01/2013	12/01/2012

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 02 Patient Wing/Perinatal	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10648 IL080752 0 REPLACEMENT HOSPITAL	04/11/2008 09/01/2010 12/01/2012 OPEN No
Building No: 03 Boiler Building	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10648 IL080752 0 REPLACEMENT HOSPITAL	04/11/2008 09/01/2010 12/01/2012 OPEN No
Building No: 04 Emergency Generator Building	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10648 IL080752 0 REPLACEMENT HOSPITAL	04/11/2008 09/01/2010 12/01/2012 OPEN No

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# Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ing Name: Main Hospital		
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	29 Inpatient 3914 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services  X Obstetrical	X Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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#### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ng Name: Patient Wing/Perinatal		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	17 Inpatient 1706 Days	Surgical	X Obstetrical Recovery
X IntensiveCare	Inpatient Beds	4 Inpatient Days 1287	Anesthesia	X Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	6 Inpatient Days 818	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	Renal Dialysis  Outpatient
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0  Total Beds this 27	Services  Obstetrical Cesarean/Deliv	Surgery
		Building	3	Central Plant

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### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ng Name: Boiler Building		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services  Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 04	Buildi	ng Name: Emergency Generator Buil	ding	
Type of Service Prov	<u>rided</u>	-		
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Building Number:	01	Building Name:	Main Hospital		
Medical / Surgical (	Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 29 Bed	Inpatient 3914 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	• Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	29	29

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Building Number:	02	Building Name: Pat	ient Wing/Perinatal		
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 23 Bed	Inpatient 1706 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 4 Bed	Inpatient 1287 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	27	27

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Building Number:	03	Building Name: Boile	er Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number: 04	Building Name: Em	ergency Generator Buil	ding	
Medical / Surgical (Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric	intensive Care Ne Nursery	ewborn	Intermediate Card	
Inpatient 0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care	Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care	Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Hospital	
02	Patient Wing/Perinatal	
03	Boiler Building	
04	Emergency Generator Building	
05	ER Addition	
	01 02 03 04	Number Name    O1

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

		[			
Building Number:	01 Buildir	ng Name: Main Hospital			
Type of Service	e Provided				
		X Surgical	X Obstetrical Cesarean/Deliv	Rehabilit Therapy	ation
X	Nursing	X Anesthesia		_	
	IntensiveCare		Obstetrical Recovery	Renal Dia	alysis
	Pediatric/Adol escent	X Clinical Lab	Newborn/	X Outpatier Surgery	nt
		X Radiological/ Imaging	WellBaby	Surgery	
	Psychiatric Nursing	X Pharmaceutical	Emergency	Central F	Plant
	Obstetrical Ante/Postprtum		X Nuclear	Support	
	·-···	X Dietetic	Medicine	Services	
	Intermediate Care				
_		Administration			
	Skilled Nursing	1			

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	Pa	atient Wing/Perinatal					]
Type of Service	e Provided								
				Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing	l		Anesthesia					
X	IntensiveCare	,		, 1100 1100 ii	X	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol	,   [		Clinical Lab	[V]	N. 1 /		Outpatient Surgery	
				Radiological/ Imaging	X	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing			Pharmaceutical		Emergency		Central Plant	
X	Obstetrical Ante/Postprtu	m _	_			Nuclear	Х	Support	
				Dietetic		Medicine		Services	
	Intermediate Care	[	<	Administration					
	Skilled Nursin	ıg							

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03	Building Name:	Boiler I	Building					]
Type of Service	e Provided								
			Sur	gical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Ane	esthesia					
	IntensiveCare		_			Obstetrical Recovery		Renal Dialysis	
П	Pediatric/Adol	.   L	Clir	nical Lab				Outpatient	
				diological/ aging	Ш	Newborn/ WellBaby		Surgery	
Ш	Psychiatric Nursing		_	armaceutical		Emergency	X	Central Plant	
	Obstetrical Ante/Postprtu	m				Nuclear		Support	
	, and, octored		Die	tetic		Medicine		Services	
	Intermediate Care		Adı	ministration					
	Skilled Nursin	g							

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	04	Building Name:	Emergency	Generator Building		
Type of Servic	e Provided					
			Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthes	sia		
	IntensiveCare	,	_		Obstetrical Recovery	Renal Dialysis
	Pediatric/Ado	,   L	Clinical L	_ab	Name and	Outpatient Surgery
			Radiolog Imaging	jical/	Newborn/ WellBaby	 Surgery
	Psychiatric Nursing		Pharmac	ceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m _	_		Nuclear	Support
			Dietetic		Medicine	 Services
	Intermediate Care		Administ	ration		
	Skilled Nursin	g				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numb	er: 01	Building Na	me: Main Hospital				
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	9			
Type of Ser	vice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate Care	X	Dietetic		Nuclear Medicine		Support
	Skilled Nursing		Administration	X	inuciear Medicine		Support Services

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Building Number:	. 02	Building Na	me: Patient Wing/Pe	rinatal			
Configuration .	N/A						
Type of Servi	ce Provided						
X 1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X I	ntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic		Lineigency		Ochilai Fiant
	Care	X	Administration		Nuclear Medicine	X	Support Services
	Skilled Nursing						

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Building Number:	03	Building Nar	me: Boiler Building			
Configuration N/A						
Type of Service	Provided					
Nu	rsing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	diatric/Adol cent		Clinical Lab	Recovery		
	ychiatric rsing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical	Emergency	X	Central Plant
	ermediate		Dietetic	Lineigency		Ochtial Flant
Ca ☐ Ski	re illed Nursing		Administration	Nuclear Medicine		Support Services

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Building Number:	Building Number: 04 Building Name: Emergency Generator Building							
Configuration N/A								
Type of Service	Type of Service Provided							
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol scent		Clinical Lab		Recovery			
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Dbstetrical Inte/Postprtum		Pharmaceutical		Emergency		Central Plant	
	ntermediate		Dietetic		Line.geney		Commun Turk	
	care skilled Nursing		Administration		Nuclear Medicine		Support Services	

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Building Number:	05	Building Nar	me: ER Addition				
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building				
Type of Service Provided							
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Dbstetrical Inte/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	ntermediate		Dietetic		Emergency		Gential Flain
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Build										
Тур	Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Central Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							

Report Status: Data Last Update: 01/13/2011 Submission Date: 01/13/2011 Print Date: 1/14/2011 8:38 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	05 Build	ling Name:	Addition			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	